MARYLAND HEALTH CARE COMMISSION

Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

April 22, 2009

Committee Members Present
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Maria E. Eckart, RN, BSN, CIC
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Anthony Harris, MD, MPH
Lynne V. Karanfil, RN, MA, CIC
William Minogue, MD
Peggy A. Pass, RN, BSN, MS, CIC
Eli Perencevich, MD, MS (via telephone)
Michael Anne Preas, RN, BSN, CIC

Committee Members Absent
Sara E. Cosgrove, MD, MS
Beverly Collins, MD, MBA, MS
Steven Goodman, MD, PhD
Andrea Hyatt
Carol B. Payne
Brenda Roup, PhD, RN, CIC
Jack Schwartz, Esq.

Public Attendance
Mary Linthicum, RN- Mercy Medical Center
Steve Ports, HSCRC

Commission Staff
Pam Barclay
Theressa Lee
Eileen Hederman
Deme Umo

1. Welcome and Introductions

Ms. Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m and stated all who were present in person and on the phone.

2. Review of Previous Meeting Summary (February 25, 2009)

Ms. Pass asked for clarification about Dr. Harris' statement concerning bypass surgery on page 2. Dr. Harris clarified and staff will make the change to the summary.

3. Recommendation from the Governor's Health Quality and Cost Council for Statewide Study of Hand Hygiene Compliance

Ms. Barclay said this agenda item will be moved to the May meeting agenda. Johns Hopkins Hospital staff plan to give a presentation on their hand hygiene methodology. Ms. Fuss informed the group that the Joint Commission recently released a hand hygiene resource for hospitals.

4. Discussion on Surgical Site Infection Data Collection

Ms. Barclay reminded the group that Surgical Site Infection (SSI) data collection is part of the second phase of implementation of the HAI Advisory Committee (HAI-AC) recommendations. She said there are numerous technical issues with the SSI data collection and the HAI-AC did not specify the

surgeries for this data collection effort. She also noted that the US Department of Health and Human Services (HHS) has a Five Year Plan that includes targeting healthcare associated infections. She stated there were four leading categories of HAIs that HHS focused on: SSIs, blood stream infections (BSI), ventilator associated pneumonia (VAP), and catheter associated urinary tract infection (CAUTI).

Ms. Karanfil stated that if NHSN is used, CDC's procedure categories would have to be used. Hospital staff will have to provide risk assessment information for each patient. She said we need to be aware of the burden on the Infection Preventionists (IPs) to gather this information for reporting. Ms. Fuss stated the legislators and the public demand outcome measures. Dr. Harris said SSIs are relatively rare events and there is a lack of risk adjustment. He said the facility should monitor these events, but they may not be the best outcome to publicly report. He said statistically speaking the worst and best hospitals will not be different since the numerators are so small. He added that ranking is often irrelevant to the quality patients receive.

Ms. Pass and Ms. Fuss spoke about hand hygiene measures and the issues with reporting that data. Dr. Perencevich stated that small hospitals which do not perform many surgeries will have very high rates if they just get one infection. He also said the highest hand hygiene compliance would probably be around 60-70%. Dr. Minogue said reporting by hospital comparison to consumers may not be the best approach. Ms. Fuss said there will not be a SSI surveillance measure that everyone will agree on that will be statistically significant and that the public will be satisfied with. Ms. Daley stated that outcome measures should be reported to show what the process measures are accomplishing- whether they are working or not. Ms. Pass said if it is not working, we can ask if the hospitals are fixing any problems; she said updated data is critical. She said infection control is dynamic and always changing. Ms. Preas said data reporting makes hospitals look at their own processes; it makes them look at the big picture. Dr. Perencevich said mortality rates should also be reported with the SSI rates because consumers may want to know that information too. Ms. Karanfil said some hospitals may also treat the sickest patients that other hospitals won't treat, their rates may be higher but it's due to the patient population. Ms. Eckart said the public must be informed about what the data means and does not mean. Otherwise consumers will come to their own conclusions which in some cases, may be wrong. Ms. Barclay said the Hospital Performance Evaluation Guide (HPEG) website did provide some additional clarifying information for consumers. She said several States are reporting CLABIS data already. Ms. Daley said hand hygiene and outcome measures may come together at some point, but there will be a push to link process and outcome measures.

Ms. Fuss stated that using NHSN, especially for benchmarking, means that hospitals would have to report on all surgeries for the procedure chosen, not just those surgeries that resulted in SSIs. Ms. Pass said NSHN is the gold standard and trends can still be seen over time by using NSHN. Ms. Barclay said there was an ability to customize and to add elements to NHSN, which may be helpful. Ms. Karanfil stated that perhaps we could collect information from hospitals that are already collecting SSI data to just review, but not publicly report. Ms. Barclay stated benchmarking is important to know where you are. Ms. Daley said entering SSI data is a lot of work even with their semi-automated system. Ms. Barclay reviewed what other SSIs are being reported by other States. She said most states are reporting on cardiac SSIs. Dr. Harris said only 10 hospitals would be reporting on this in Maryland. The group agreed to find one SSI for hospitals to collect to begin with. Ms. Fuss stated the SSI should be linked to the process measures, if possible. Ms. Barclay said hospitals are sampling the process measures so the implementation varies by hospital.

Ms. Barclay stated hip, knee, colon, coronary artery bypass, other cardiac surgeries, hysterectomy, and vascular surgeries are the possible reportable surgeries with accompanying SSIs. Ms. Daley said a surgery should be picked that all facilities are doing. Ms. Barclay reviewed the number of cases by hospital in Maryland. The highest volume procedure was knee surgery. Ms. Daley said hospitals

need to be stratified by hospital size for better inter-facility comparison. Ms. Barclay said after knee surgery, colon surgery had the highest volume. Dr. Harris said patients coming in for surgery want to know their chance of ending up with a SSI. Ms. Pass said co-morbidities also impact patients' risk and outcomes.

Ms. Daley asked when SSIs would be reported since the SSI may occur 30 days or more after the surgery was performed. Ms. Fuss said the vast majority of SSIs on hip and knee surgeries occur within 60 days post surgery according to the literature. Ms. Fuss stated it may be difficult to explain to the public that the SSI data may change as infections occur within the year after surgery and consumers should continue to check the website for updates. Ms. Preas said we can look at trends over time with this data. Ms. Barclay will draft a short summary of what was discussed for the next meeting. Dr. Harris asked that MHCC staff provide an overview of the HPEG website at the next meeting as he would like to know how HAI data will be presented online.

5. Other Business

Ms. Barclay discussed the American Reinvestment and Recovery Act Funding for State HAI Elimination Plans and the $50 million made available by the stimulus plan for State use. She said details will be forthcoming.

Ms. Barclay stated 30 hospitals have completed the 2009 Annual Survey of Hospital Infection Prevention and Control Programs which is due Friday, April 24th.

6. Adjournment

The meeting adjourned at approximately 3:00 p.m. The next meeting is scheduled for May 27, 2009.